ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	
FEE DETERMINATION	BA		DATE
O.I.P.E. CLASSIFIER	1017	20385	
FORMALITY REVIEW		/·VIAI-	10 11-10-99
		(0814) -	10 1/99
	IND	EX OF CLAIMS	7 7 //-
·	Rejecte	d N	
— (Through	numeral) Canceled	1	Interference
÷	Restrict	Α	Anneal
Claim Date			Objected
	Claim	Date	Claim Date
Frui Original S-2-0/	Final		
			Final
	51	-+	110
	53	╶┤╴┤╶┤╸┤ ╶ ├╶ ┼	112
	54		1113
	56	+++++	115
	57	╺┍┋ ╌╂ ╸╏╸╏╸╏	116
	58		
10	59	+++-	118
112	61	╶┞╶╂═╂╼╂╌╂ ╌ ╏ ╌╏	110
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9 20	70	┞╌┞╌╂╼┠╌╂ ╾ ╏	119
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32	81	++++	131
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34	84		133
36	85		135
37	87	++++	136
38	88	╼┼╼┼╌┼╌┤	137
40	89		138
	90		140
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If more than 150 claims or 10 actions staple additional sheet here

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